Attachment 4,19D Part I Exhibit A-9 Page 1

- 30-10-21. Reserve days. (a) Payment shall be available for days for which it is necessary to reserve a bed in a nursing facility or nursing facility for mental health when the resident is absent for:
 - (1) admission to a hospital for acute conditions;
- (2) therapeutically indicated home visits with relatives and friends; or
- (3) participation in state-approved therapeutic or rehabilitative programs.
- (b) In order for payment to be available, the following conditions shall be met when a bed is reserved in a nursing facility or nursing facility for mental health because of hospitalization for acute conditions.
- (1) Payment shall be available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other resident.
- (2) (A) The period of hospitalization for an acute condition shall not exceed 10 days per any single hospital stay.
- (B) For residents from a nursing facility for mental health, the period of hospitalization shall not exceed 21 days per state mental institution admission or admission to a psychiatric ward in any of the following:
 - (i) a general hospital;
 - (ii) a private psychiatric hospital; or JUN 9 1999

Attachment 4.19D Part I Exhibit A-9 Page 2

- (iii) a veterans administration medical center.
- (3) The resident shall intend to return to the same facility after hospitalization.
- (4) The hospital shall provide a discharge plan for the resident.
- (5) Reimbursement shall not be made to reserve a bed in a swing bed hospital when a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.
- (c) The resident's plan of care shall provide for the non-hospital related absence.
- (1) Payment for non-hospital related reserve days for eligible residents in nursing facilities for mental health shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program or alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

Attachment 4.19D
Part I
Exhibit A-9
Page 3

- (2) Payment for non-hospital related reserve days for all eligible residents in nursing facilities shall not exceed 12 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.
- (d) This regulation shall not prohibit any resident from leaving a facility if the resident so desires.
- (e) Payments made for unauthorized reserve days shall be reclaimed by the agency.
- (f)(1) Before any routine absence by residents, the provider shall notify the local agency office.
- (2) In case of emergency admission to a hospital, the provider shall notify the local agency office not later than five working days following admission.
 - (g) Payment for reserve days shall be approved except when:
 - (1) the provider has:
- (A) more than five vacant beds for each level of care for nursing facilities with less than 200 beds; or
- (B) more than 15 vacant beds for nursing facilities having 200 or more beds; or
- (2) the absence is longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter any of the following:

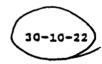
JUN 9 1999

Attachment 4.19D Part I Exhibit A-9 Page 4

- (A) a state mental hospital; or
- (B) a psychiatric ward in:
- (i) a general hospital;
- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center. (h) This regulation shall take effect on and after July 1, 1996. (Authorized by and implementing K.S.A. 39-708c, as amended by L. 1995, Chapter 153; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1996.)

JUN 9 1999

Attachment 4.19-D Part I Subpart A Exhibit A



30-10-22. This rule and regulation shall expire on January 30, 1991. (Authorized by and implementing K.S.A. 1983 Supp. 39-708c; effective May 1, 1985; revoked, T-30-10-1-90, Oct. 1, 1990; revoked Jan. 30, 1991.)

Attachment 4.19D Part I Exhibit A-10 Page 1

30-10-23a. Non-reimbursable costs. (a) Costs not related to resident care, as set forth in K.A.R. 30-10-1a, shall not be considered in computing reimbursable costs. In addition, the following expenses or costs shall not be allowed:

- (1) Fees paid to non-working directors and the salaries of non-working officers;
 - (2) bad debts;
 - (3) donations and contributions;
 - (4) fund-raising expenses;
 - (5) taxes, as follows:
- (A) Federal income and excess profit taxes, including any interest or penalties paid thereon;
 - (B) state or local income and excess profits taxes;
 - (C) taxes from which exemptions are available to the provider;
- (D) taxes on property which is not used in providing covered services;
- (E) taxes levied against any patient or resident and collected and remitted by the provider;
- (F) self-employment taxes applicable to individual proprietors, partners, or members of a joint venture; and
- (G) interest or penalties paid on federal and state payroll taxes;
 - (6) insurance premiums on lives of officers and owners;

JUN 9 1999

TN#MS99-01 Approval Date: Effective Date: 1/1/99 Supersedes TN#MS-95-19

Attachment 4.19D Part I Exhibit A-10 Page 2

- (7) the imputed value of services rendered by non-paid workers and volunteers;
 - (8) utilization review;
- (9) costs of social, fraternal, civic, and other organizations which concern themselves with activities unrelated to their members' professional or business activities;
 - (10) oxygen;
 - (11) vending machine and related supplies;
 - (12) board of director costs;
 - (13) resident personal purchases;
 - (14) barber and beauty shop expenses;
 - (15) advertising for patient utilization;
 - (16) public relations expenses;
 - (17) penalties, fines, and late charges;
 - (18) prescription drugs;
 - (19) dental services;
 - (20) radiology;
 - (21) lab work;
- (22) items or services provided only to non-medicaid/medikan residents and reimbursed from third party payors;
- (23) automobiles and related accessories in excess of \$25,000.00 each. Buses and vans for resident transportation shall be reviewed for reasonableness and may exceed \$25,000.00 in costs;

Attachment 4.19D Part I Exhibit A-10 Page 3

- (24) provider or related party owned, leased or chartered airplanes and related expenses;
 - (25) therapeutic beds;
 - (26) bank overdraft charges or other penalties;
- (27) personal expenses not directly related to the provision of long-term resident care in a nursing facility;
- (28) management fees paid to a related organization that are not clearly derived from the actual cost of materials, supplies, or services provided directly to an individual nursing facility;
- (29) business expenses not directly related to the care of residents in a long-term care facility. This includes business investment activities, stockholder and public relations activities, and farm and ranch operations; and
- (30) legal and other costs associated with litigation between a provider and a resident or between a provider and state or federal agencies, unless the litigation is decided in the provider's favor.
- (b) Purchase discounts, allowances, and refunds shall be deducted from the cost of the items purchased. Refunds of prior years' expenses shall be deducted from the related expenses.

Attachment 4.19D Part I Exhibit A-10 Page 4

(c) The effective date of this regulation shall be December 29, 1995. (Authorized by and implementing K.S.A. 1994 Supp. 39-708c, as amended by L. 1995, Ch. 153, Sec. 1; effective May 1, 1985; amended May 1, 1988; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1991; amended Oct. 28, 1991; amended May 1, 1992; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995.)

Attachment 4.19D Part I Exhibit A-11 Page 1

- 30-10-23b. Costs allowed with limitations. (a) The following amortized expenses or costs shall be allowed with limitations:
- (1) The provider shall amortize loan acquisition fees and standby fees over the life of the related loan if the loan is related to resident care.
- (2) Only the taxes specified below shall be allowed as amortized costs:
- (A) Taxes in connection with financing, re-financing, or re-funding operations; and
- (B) special assessments on land for capital improvements over the estimated useful life of those improvements.
- (3) Any start-up cost of a provider with a newly constructed facility shall be recognized if it is:
- (A) Incurred before the opening of the facility and related to developing the ability to care for clients;
 - (B) amortized over a period of at least 60 months;
- (C) consistent with the facility's federal income tax return, and internal and external financial reports, with the exception of (B) above; and
- (D) identified in the cost report as a start-up which may include the following:
 - (i) Administrative and nursing salaries;
 - (ii) utilities;
 - (iii) taxes, as identified in (2)(A) and (B);

JUN 9 1999

TN#MS99-01 Approval Date: _____ Effective Date: 1/1/99 Supersedes TN#MS-95-19